

(DAILY)

MY NOT-TO-DO LIST

DATE ____ / ____ / ____

S M T W T F S

STUFF THAT DISTRACTS ME AND WASTES MY TIME:

STUFF THAT STRESSES ME OUT AND GIVES ME ANXIETY

STUFF THAT DRAINS MY ENERGY

STUFF I FEEL OBLIGATED TO DO:

STUFF THAT DOESN'T ACTUALLY NEED TO BE DONE:

STUFF I CAN'T CONTROL OR ISN'T MY RESPONSIBILITY